

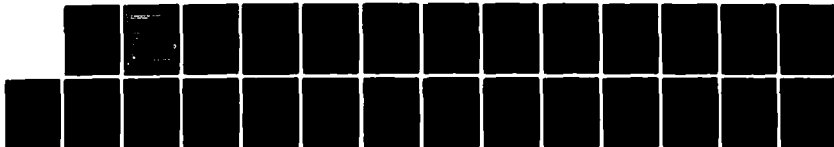
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(U) NAVAL HEALTH RESEARCH CENTER SAN DIEGO CA  
B G MCCAUGHEY ET AL. MAY 83 NAVHLTHRSCHC-83-18

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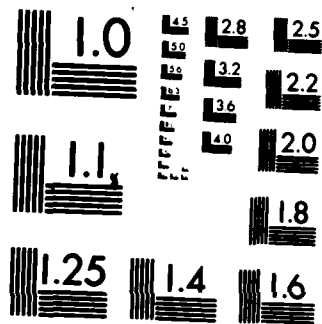
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# AN INFORMATIONAL INDEX FOR MENTAL HEALTH PROFESSIONALS

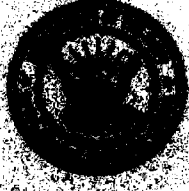
B. G. McCAUGHEY  
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REPORT NO. 63-18

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\*Environmental Medicine Department

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## Summary

### Problem

Because Navy administrative regulations are intricately related to effective clinical service delivery, Navy mental health professionals must know what regulations affect them and what those regulations entail. There is no single source that delineates this information.

### Objective

The goal of this project was to provide Navy mental health professionals with an up-to-date, cross indexed listing of all references for Navy, Marine Corps, and Coast Guard regulations pertaining to mental health.

### Approach

All 6,294 instruction titles issued by 25 subdivisions of the Navy listed in the Consolidated Subject Index and the comparable indices of the Marine Corps and Coast Guard were reviewed. Instructions, manual sections, or regulations selected as pertinent to mental health were reviewed for the relevance of their content, and key words or phrases were abstracted from those deemed relevant to be used in the index. The data abstracted from the content review were keypunched onto standard IBM batch cards and automatically sorted into four basic lists.

### Results

Four lists were generated: (a) an alphabetical listing of all index terms selected from the content review; (b) titles of all instructions, manuals, or regulations in sequence according to type (SECNAV, BUMED, etc.) and number; (c) alphabetical listings of index terms for the instructions grouped by branch of service; and (d) an alphabetical title list.

### Conclusions

1. The personal lists reviewed for this project that had been compiled by individual Navy mental health professionals were notably antiquated and incomplete. Many clinicians were therefore not aware of recent changes or of all the instructions, manuals, or regulations pertaining to their work.

2. The lack of up-to-date, standard, comprehensive information available to Navy mental health clinicians: (a) results from the fact that the Navy directives system is massive and dynamic; and (b) results in nonstandard and uninformed administrative management in clinical service delivery.

### Recommendations

1. A system should be established and maintained to oversee the timely updating of the Navy Administrative Index for Mental Health Professionals.

2. Navy mental health clinicians should be provided ongoing continuing education in the content and use of the Index to facilitate standard, informed clinical service delivery.

## INTRODUCTION

Mental health services for active duty members of the U.S. Navy and Marine Corps are provided by Navy psychiatrists, clinical psychologists, and social workers. While the methods of diagnosis and treatment used by these clinicians are essentially the same as those used by their counterparts in the civilian community or the other armed forces, the administrative regulations they must follow are unique to the Navy. Screening for assignments in Antarctica, the personnel reliability program, and submarine duty, as well as discharge procedures, are but a few of the areas covered by Navy regulations. These regulations are so encompassing that every active duty member is affected by them every time he is evaluated or treated. Administrative issues are at least as complex as the clinical ones in many cases; in some, even more complex. Because they have such a pronounced effect on his work, it can be said that a competent Navy mental health professional must be proficient in administrative as well as clinical skills.

A Navy clinician who wants to master the administrative aspect of his clinical practice must know what regulations affect him, and what they entail. Because there is no single source that delineates this information, he/she now has to go through the entire regulation system to see which ones applied to his/her work and then become familiar with their contents.

This is an impossible task for the average clinician considering the sheer quantity of just the Navy's regulations. The Consolidated Subject Index<sup>1</sup> alone lists 6,294 instructions issued by 25 subdivisions of the Navy. There is even more complexity in the task when the need to identify Marine Corps and Coast Guard regulations, and with the current Tri-Service emphasis, those of the Army and Air Force is taken into account.

The degree of difficulty, however, does not diminish the need to achieve the goal. It is axiomatic that an individual making a decision must have adequate information on which to base that decision. Management principles further state that "the capacity of an organization to function well depends both upon the quality of its decision-making processes and upon the adequacy and accuracy of the information used. If the information available for decision-making is inaccurate or is incorrectly interpreted, the diagnostic decisions are likely to be in error and the action taken inappropriate."<sup>2</sup> The information should not only be available, but it should be in a convenient form. There has been a rapid proliferation of computerized health information systems in recent years specifically for this purpose.<sup>3, 4, 5</sup>

Mental health professionals can be divided into three groups: (1) clinicians, including psychiatrists, clinical psychologists and social workers, (2) administrators, and (3) trainees, including psychiatry residents and psychology interns. Each group has specific regulations that affect them. Clinicians need to know the various alternatives available to them in dealing with their patients and need to be able to discuss them with the patient in a helpful and informative way. The same concept applies to the clinician who is dealing with his own command or with line personnel. An accurate knowledge of the regulations obviates bad advice being given or accepted and can promote better understanding. Administrators acting as the chairmen of departments of psychiatry in naval hospitals or chiefs of outpatient mental health clinics interact with their staffs in a supervisory capacity, receive requests from line personnel, and deal with their own commanding officers regarding various aspects of patient care. In each case, they need current and accurate knowledge of the pertinent regulations. Residents and psychology interns need an easy-to-use and comprehensive listing of instructions to avoid feeling overwhelmed which could initiate a pattern of trying to find ways of avoiding administrative issues. Finally, Navy mental health professionals often change their jobs. Clinicians become administrators or vice versa. The patient population one deals with may be primarily Navy at one duty station but Marine Corps at another. In summary, many needs for comprehensive information about regulations can be delineated. It was the goal of this project to fulfill

many of these needs by providing all Navy mental health professionals with an up-to-date, cross-indexed listing of all references for Navy, Marine Corps, and Coast Guard regulations pertaining to the mental health field.

#### Method

There were four phases of the project: data identification, collection, sorting, and field testing. During the identification phase all instructions, manuals, and regulations (IMRs) pertaining to mental health from the Navy, Marine Corps, and Coast Guard were listed on 3 x 5 cards. This was accomplished for the most part by reading the titles listed in the Consolidated Subject Index<sup>1</sup> and the comparable indices of the Coast Guard and Marine Corps. This provided the title of the IMR, the date it was published, and its identification number (example: BUPERSINST 1306.72C 770307 Medical Holding Companies, Policy and Procedures Concerning). The private files of some San Diego stationed psychiatrists and psychologists also provided additional raw material for this phase.

In the collection phase, copies were obtained for most of the IMRs for review. Those that were not copied were reviewed in the office where they were found. No single office had all the IMRs. To compile the data completely, visits to five separate commands in the San Diego region were required. Reviewing the IMRs consisted of reading the contents to determine what parts were applicable and from this selecting key words or phrases to be used in the index. Altogether the first author reviewed 6810 pages from 105 IMRs. After review, the same information noted above in the identification phase was entered on 3 x 5 cards with the key words or phrases. An example is:

Identification Number: BUMEDINST 5300.4A

Date Issued: 770419

Title: Disposition of Rehabilitated  
Alcoholic Aircrew Personnel and  
Aircontrollers

- Index:
1. Alcoholic aircrew, evaluation by a psychiatrist after alcohol rehabilitation
  2. Aircrew, evaluation of after alcohol rehabilitation
  3. Alcoholic aircontrollers, evaluation by a psychiatrist after rehabilitation
  4. Air controllers, evaluation after alcohol rehabilitation.

After all IMRs were reviewed, the information on the 3 x 5 cards was keypunched onto standard batch IBM cards and then entered into the computer system at the Naval Health Research Center. Using various computer programs, the data were then sorted into four basic lists.

The final phase included a field test in which members of the Department of Psychiatry, Naval Hospital, San Diego were asked for their comments regarding content and which lists to include for distribution.

#### Results

Four lists were generated as a result of this project, two of which are included as appendices to this report. To save space, a system of abbreviations was used to identify the IMRs. The first page of the appendix shows the abbreviation and its corresponding full name.

Appendix I -Indices (List 1) is an alphabetical listing of all the indices that have come from the IMRs. A user wanting to know where to find information about alcohol abuse, suicide risks in the brig, discharges, or any other topic should go to this list to find the corresponding reference number.

Appendix II - Titles (List 2) is composed of the titles of all the IMRs, in sequence according to the type (SECNAV, BUMED, etc.) of IMR and its number. The date of issue or latest change is also included as appropriate. It should be noted that in some cases titles of articles within IMR are listed. For example, some of the chapters of the Manual of the Medical Department, Naval Military Personnel Command Manual, et al., are contained in this list.

Two other lists were produced which may be of use to some but were judged not to be of enough value to warrant general distribution. One, List 3, has the same content as Appendix I, but is sorted by the following criteria: IMRs that pertain to (1) just the Navy; (2) just the Coast Guard; (3) just the Marine Corps; (4) applicable to both the Navy and Marine Corps; and (5) applicable to all services. The other, List 4, has the same content as Appendix II but is sorted according to the alphabetical listings of the titles. Lists 3 and 4 are available from the authors.

Discussion

It was the goal of this project to produce a convenient, time-saving aid for Navy mental health professionals who want to find information in the directives system. A casual inspection of the appendices discloses its broad and inclusive content. It was intended to be inclusive so that all Navy mental health professionals would be able to find information important to them, regardless of the diversity of their positions. It was also intended to be broad enough to include some aspects of professional life other than just patient care and administration. Thus, there are entries concerning board certification, graduate education, research, continuing education, and others. The appendix listing the titles is in a convenient form to enable a user to comprehensively see what instructions are needed for creating or updating his own collection. Anticipating that other organizations or services will have interest in this index, copies will be sent to the Judge Advocate General and the psychiatric consultants to the Surgeons' General of the U.S. Army and Air Force. A planned application will be its inclusion in the Navy Mental Health Information System,<sup>6</sup> an automated outpatient psychiatric recordkeeping and reporting system. The initial reactions of those who have reviewed the appendices have been very favorable and encouraging.

Working on this project involved examining the files of instructions held individually by many psychiatrists and psychologists. It is noteworthy how antiquated and incomplete most of these files were. Thus it was not surprising that many clinicians were not aware of recent changes, nor in some cases of changes that had taken place months before.

Change is a basic fact of life, and the directives system in the Navy is certainly no exception. The lists were almost completed when the first author discovered that a massive change had been made regarding discharges. The necessary changes involved several manuals, including the Navy Military Personnel Command Manual and the Marine Corps Separation and Retirement Manual. A considerable amount of work had to be done to update the lists which otherwise would have been outdated before publication. The use of a computer in this project was generally useful and especially so in this instance because of its ability to change parts of the list without affecting the rest of it.

The directives system, with its frequent changes, can be likened to a motion picture film with a particular list representing just one frame. The rate at which these instructions change is of some interest. It was mentioned above that the Consolidated Subject Index<sup>1</sup> contains 6,294 instructions. A survey of the change transmittal sheets issued by the Navy Publication and Printing Service for the year ending 1 Oct 1982 showed there were 514 new instructions, 122 new notices, and 112 changes to existing instructions. This observation leads to the conclusion that there is a need to establish a system to oversee the timely updating of the Navy Administrative Index for Mental Health Professionals and to provide Navy mental health clinicians with ongoing education in its use.

The consumers or users of this index are encouraged to comment on the contents and format of the lists of indices and titles. Other remarks about experiences with the directives systems also would be of interest.



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# LIST OF ABBREVIATIONS

BUMEDINST	Bureau of Medicine Instruction
BUPERS	Bureau of Naval Personnel Instruction
CGMEDMAN	Coast Guard Medical Manual
CSPERSMAN	Coast Guard Personnel Manual
COMDTINST	Commandant Instruction
DODIR	Department of Defense Directives
DODREG	Department of Defense Regulation
FSMAN	Flight Surgeons Manual
JAGINST	Judge Advocate General Instruction
JAGMAN	Judge Advocate General Manual
MANMED	Manual of the Medical Department
MCBUL	Marine Corps Bulletin
MCO	Marine Corps Order
MCSRM	Marine Corps Separation and Retirement Manual
MDAPSN	Medical Disposition and Physical Standards Notes
*MFCM	Manual for Courts Martial
MILPERSMAN	Navy Military Personnel Manual
NAVMED	Navy Medical Manuals
NAVPUBNOTE	Naval Publication Note
NMPCINST	Navy Military Personnel Command Instruction
OPNAVINST	Chief of Naval Operations Instruction
PUBLAW	Public Law
SECNAVINST	Secretary of the Navy Instruction
SECNAV NOTICE	Secretary of the Navy Notice
USNDIVMAN	U.S. Navy Diving Manual
USNREG	U.S. Navy Regulations
*R.O.E.	Rules of Evidence

# APPENDIX 1 INDICES

- Absence Without Leave (AWOL) MFCM PARA.165
- Absenteeism, Misconduct Discharge for CGPERSMAN 12-B-18
- Administrative Board NMPCINST 1910.4
- Administrative Discharge Board NMPCINST 1910.1A  
CGPERSMAN 12-B-31  
Procedures NMPCINST 1910.4, MILPERSMAN 3640300
- Administrative Discharge for Security NMPCINST 1910.4
- Admission Policies for USUHS SECNAVINST 1500.8
- Air Evac, Administration and Management OPNAVINST 4630.9C  
Administrative Regulations BUMEDINST 6320.1D  
Policies DODREG 4515.13-R
- Air Sickness, Discharge, Convenience of Govt MCSRM 6203.2a(4), NMPCINST 1910.4
- Aircontrollers, Evaluation after Alcohol Rehabilitation BUMEDINST 5300.4A
- Aircrew, Evaluation of After Alcohol Rehabilitation BUMEDINST 5300.4A
- Alcohol Abuse, Discharge for CGPERSMAN 12-B-16  
Disposition CGPERSMAN Chapter 20  
Education Program, at Command Level BUPERSINST 6710.1A  
Evaluation and Treatment by Flight Surgeon FSMAN Chapter 19  
Evaluation for Overseas Assignment of Active Duty and Dependents BUPERSINST 1300.26F  
Identification CGPERSMAN, Chapter 20  
Induced Disease, Misconduct Determination JAGMAN 0808  
Induction Evaluation for MANMED 15-23(4)  
Misconduct Determination JAGMAN 0808  
Nuclear Weapon Personnel Reliability Program BUPERSINST 5510.11D  
Policy of Dept of Navy SECNAVINST 5300.28  
Policy, Education, Prevention, Treatment OPNAVINST 5350.4  
Rehabilitation Facilities, List of BUMEDINST 6330.2B  
Administrative Guidelines BUMEDINST 6330.2B  
Rehabilitation Failure, Discharge for MCSRM 6209
- Alcoholic Aircontrollers, Evaluation by a Psychiatrist after Rehabilitation BUMEDINST 5300.4A  
Aircrew, Evaluation by a Psychiatrist after Rehabilitation BUMEDINST 5300.4A
- Alcoholism MDAPSN Pg. 29  
Discharge for CGMEDMAN 5-C-1(B)(2)
- Aliens, Discharge, Convenience of Govt MILPERSMAN 362026
- Allergy, Discharge, Convenience of Govt MILPERSMAN 3850220.1n
- Antarctica Duty, Psychiatric/Psychologic Screening for BUMEDINST 6520.1
- Apathy, Discharge for CGPERSMAN 12-B-16
- Appellate Leave, Psychiatric Evaluation Prior to MILPERSMAN 3420280
- Aptitude Boards BUMEDINST 1910.1D
- Armed Forces Health Professions Scholarship Program SECNAVINST 1520.8
- Armed Services Medical Regulating Office (ASMRO) Function and Operation BUMEDINST 6320.1D
- Automated Data Processing Systems, Security Program for OPNAVINST 5239.1  
For Personal Information Safeguarding of SECNAVINST 5239.1
- AWOL MFCM PARA. 165
- Best Interest of the Service, Discharge NMPCINST 1910.4, MILPERSMAN 3630900
- Board Examinations (Certifying Examination for Medical Officers) BUMEDINST 1500.4G
- Bonus Pay for Medical Corps Officers SECNAVINST 7220.75A
- Brig, Advice by Medical Officer on Type of Restraint MILPERSMAN 3440100  
Advice on Type of Restraint MILPERSMAN 3440100  
Evaluation of Homosexuals for Management of SECNAVINST 1640.9 (507.3)  
of Suicidal Risk SECNAVINST 1640.9 (507.4)  
Screening by Medical Officer for Psychiatric Referral SECNAVINST 1640.9 (504.10)
- Central Physical Evaluation Board SECNAVINST 1850.4A, CGPERSMAN Chapter 17, MCSRM Chapter 8
- CHAMPUS, Establishment of SECNAVINST 6320.18
- Child Abuse, Family Advocacy Program BUMEDINST 6320.57
- Childbirth, Discharge, Convenience of Govt, MILPERSMAN 3620220, MILPERSMAN 3850220.1d
- Civilian Conviction, Discharge, Misconduct for MCSRM 6210.7  
NMPCINST 1910.4  
Employment of Active Duty Members MILPERSMAN 3420500  
Health and Medical Program of the Uniformed Services, Establishment of SECNAVINST 6320.18
- Claims for Compensation, Pension, or Hospitalization Prior to Discharge for Physical Disability BUMEDINST 6150.31A
- Claustrophobia, Examination for Sub Duty MANMED 15-32
- Clemency and Parole Board, Membership by Psychiatrists and Clinical Psychologists, Section 602 SECNAVINST 5815.3E
- Clemency Board Decision, Discharge, Convenience of Govt MILPERSMAN 3850220.1o
- Clemency Review, for Department of Navy SECNAVINST 5815.3E  
Requirements for Psychiatric Evaluation SECNAVINST 5815.3E (803)
- Coast Guard List of Instructions COMDTNOTE 5600  
Medical Manual CGMEDMAN CG294  
Personnel Manual CGPERSMAN CG207
- Commission of a Serious Offense, Discharge, Misconduct for MCSRM 6210.5, MILPERSMAN 3630500.1a(3), NMPCINST 1910.4
- Competence for Duty Examination BUMEDINST 6120.20B
- Competency Evaluation MANMED 18-14  
Medical Boards MDAPSN Pg. 7, 8
- Compulsory Treatment, for Mentally Incompetent MANMED Article 2-18(1)(b)

Conferences, Policies on Attendance and Participation SECNAVINST 4651.8J  
Policy and Procedures BUMEDINST 4651.1C

Confidentiality MFCM R.O.E. #302, MFCM R.O.E. #501, USMREG Article 1139 C

Confinement in Brig, Advice on Type of Restraint MILPERSMAN 3440100

Conscientious Objector MILPERSMAN 1860120.7  
Discharge Convenience of Govt COMDTINST 1900.2B, CGPERSMAN 12-B-12, MILPERSMAN 3620230, MILPERSMAN 3850220.1f NMPCINST 1910.4  
Evaluation by a Psychiatrist MILPERSMAN, 1860120.7 MILPERSMAN 3620230.7, MCO 1306.16U(7.g)  
Refusal to Cooperate with Evaluation MILPERSMAN 1860120.8

Continuing Medical Education, Policy and Procedures for Application to Naval Health Sciences Education and Training Command for Courses, Conferences and Professional Meetings BUMEDINST 4651.1C

Convenience of Govt, Discharge for NMPCINST 1910.1A

Convening Authority, Action by MFCM PARA.124

Court-Martial, Discharge in Lieu of Trial by NMPCINST 1910.4 MCSRM 6211 MILPERSMAN 3630650

DAPA (Drug Abuse Program Advisor) OPNAVINST 5350.4

Decompression Sickness USNDIVMAN Chapter 8

Deep Freeze, Evaluation for MANMED 15-37

Defective Attitudes, Discharge for CGPERSMAN 12-B-16  
Enlistment, Discharge for MILPERSMAN 3620283  
Enlistments and Inductions, Discharge, Convenience of Govt for NMPCINST 1910.4

Demobilization, Discharge, Convenience of Govt MILPERSMAN 3850220.1a

Dependency or Hardship, Discharge, Convenience of Govt for NMPCINST 1910.4

Dependency, Discharge for CGPERSMAN 12-B-13, MILPERSMAN 3810170, MCSRM 6407, MILPERSMAN 3620210, MILPERSMAN 3810170, MILPERSMAN 3850220.1i  
Humanitarian Reassignment for MILPERSMAN 3810170

Dependents, Evaluation for Overseas Duty Assignments in Conjunction with Transfer of an Active Duty Member BUPERSINST 1300.26F

Derelection of Duty MFCM PARA. 171

Deserter, Medical Treatment for MILPERSMAN 3430350

Desertion MFCM PARA.164, MILPERSMAN 3430100

Detachment for Cause of Enlisted Personnel MILPERSMAN 3420260

Detention on Closed Wards Where Necessary to Insure Proper TX or to Protect the Member or Others from Harmful Acts MDAPSN Pg. 19

Disability MDAPSN Pg. 20  
Discharge for MILPERSMAN 3620270, NMPCINST 1910.4

Disability, Evaluation of MCSRM 8001  
For Personality Disorder, Ineligibility for SECNAVINST 1850.3B  
For Psychoneurosis SECNAVINST 1850.3B  
For Psychosis SECNAVINST 1850.3B  
Physical, Definition of SECNAVINST 1850.3B  
Requiring a Medical Board CGPERSMAN 12-B-15  
Uniform Interpretation of Laws Relating to Physical Disability SECNAVINST 1850.3B

Discharge, 'A' School and Certain Apprentice Training Students, Policy Concerning NMPCINST 1910.2  
Administrative, Board MCSRM 6304

For Dependency MCSRM 6407  
Hardship MCSRM 6407  
Pregnancy MCSRM 6408  
Security MILPERSMAN 3630700  
Separations Procedures NMPCINST 1910.4

Alcohol Abuse CGPERSMAN 12-B-16  
Rehabilitation Failure MCSRM 6209

Alcoholism CGMEDMAN 5-C-1(B)(2)

Apathy CGPERSMAN 12-B-16

Before an Aptitude Board BUMEDINST 1910.1D

Best Interest of the Service NMPCINST 1910.4

Certain Recruits, Policy Concerning NMPCINST 1910.2

Certain Staff Officers, Regulations Concerning SECNAVINST 1821.1

Conscientious Objector MILPERSMAN 1860120.7

Convenience of Govt NMPCINST 1910.1A CGPERSMAN

12-B-12 MILPERSMAN 3850220

Air Sickness MCSRM 6203.4, NMPCINST 1910.4

Aliens MILPERSMAN 3620260

Allergy MILPERSMAN 3850220.1n

Childbirth MILPERSMAN 3620220, MILPERSMAN 3850220.1d

Conscientious Objector, NMPCINST 1910.4, MILPERSMAN

3620230, MILPERSMAN 3850220.1f, CGPERSMAN 12-B-12

Decision of Clemency Board MILPERSMAN 3850220.1o

Defective Enlistments and Inductions NMPCINST 1910.4

Demobilization MILPERSMAN 3850220

Dependency MILPERSMAN 3620210, MILPERSMAN 3810170

MILPERSMAN 3850220.1i

Dependency or Hardship NMPCINST 1910.4

Disability NMPCINST 1910.4

Discreditable Behavior MILPERSMAN 3850220.1k

Drug Abuse Rehabilitation Failure NMPCINST 1910.4

Entry Level and Performance NMPCINST 1910.4

Enuresis NMPCINST 1910.4, CGPERSMAN 12-B-12,

CGMEDMAN 5-C-1(B)(1), MILPERSMAN 3850220.1m

MCSRM 6203.2a(2)

Erroneous Enlistment NMPCINST 1910.4, CGPERSMAN

12-B-12, MILPERSMAN 3850220.1e

Fraudulent Enlistment NMPCINST 1910.4

General Guidelines MILPERSMAN 3620200

Hardship MILPERSMAN 3620210, MILPERSMAN 3850220.1i

Homosexuality NMPCINST 1910.4

Inability to Perform Duties Due to Parenthood

MILPERSMAN 3850220.1h

Inability to Perform Prescribed Duties CGPERSMAN

12-B-12

Low Markings MILPERSMAN 3850220.1j

Marginal Performance CGPERSMAN 12-B-12

Marine Corps Enlisted Personnel MCSRM 6203

Minority NMPCINST 1910.4

Motion Sickness CGPERSMAN 12-B-12, MILPERSMAN 3850220.1p

MCSRM 6203.5

Nonavailability for Worldwide Assignment as a Result of

Parenthood CGPERSMAN 12-B-12

Obesity NMPCINST 1910.4, CGPERSMAN 12-B-12, MILPERSMAN

3620250, MILPERSMAN 3850220.1g, MCSRM 6203.2a(1)

Other Designated Physical or Mental Conditions NMPCINST

1910.4

Parenthood, NMPCINST 1910.4, MCSRM 6203.1

Personality Disorder NMPCINST 1910.4, MCSRM 6203.3

Of Certain Recruits, 'A' School and Apprentice Training

Students NMPCINST 1910.2

Physical Condition, Not Disabling MCSRM 6203.2a

Pregnancy MILPERSMAN 3620220, MILPERSMAN 3810170,

MILPERSMAN 3850220.1d

Pregnancy or Childbirth NMPCINST 1910.4

Repetitive Absenteeism CGPERSMAN 12-B-12

Discharge (Cont'd)

Convenience of Govt (Cont'd)  
 Seasickness NMPCINST 1910.4, MILPERSMAN 3850220.1p  
 Security Reasons MILPERSMAN 3850220.1w  
 Sleep Disorder CGMEDMAN 5-C-1(b)(1)  
 Sole Surviving Son or Daughter MILPERSMAN 3620245  
 Somnambulism NMPCINST 1910.4, CGPERSMAN 12-B-12, MILPERSMAN 3850220.1m, MCSRM 6203.2a(3)  
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 Speech Disorders CGMEDMAN 5-C-1(b)(1)  
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 Tics CGMEDMAN 5-C-1(b)(1)  
 Unsatisfactory Performance NMPCINST 1910.4  
 Defective Attitudes CGPERSMAN 12-B-16  
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 Enlistment of Certain Recruits, 'A' School and Apprentice Training Students NMPCINST 1910.2  
 Enlistments and Induction MCSRM 6204  
 Dependency CGPERSMAN 12-B-13 MILPERSMAN 3810170  
 Disorders of Intelligence CGMEDMAN 5-C-1(c)  
 Drug Abuse CGPERSMAN 12-B-20, CGMEDMAN 5-C-1(b)(2)  
 Drug Abuse Rehabilitation Failure MCSRM 6208 MILPERSMAN 3630500  
 With Trafficking or Paraphernalia Sale, Mandatory MILPERSMAN 3610200  
 Entry Level Performance and Conduct MILPERSMAN 3630200  
 Erroneous Enlistment MILPERSMAN 3620280 MCSRM 6204.2  
 Failure of Alcohol Rehabilitation MCSRM 4103.1i  
 Drug Rehabilitation MCSRM 4103.1h  
 Felony Conviction, Mandatory MILPERSMAN 3610200  
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